

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10700405 FILING DATE 11-5-03
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		2		2		
8		2		2		
9		2		2		
10		1		1		
11		1		1		
12		1		1		
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40		1		1		
41	1					
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	2					
TOTAL DEP.	51		49			
TOTAL CLAIMS	53		49			

	IND		DEP		IND		DEP	
	IND	DEP	IND	DEP	IND	DEP	IND	DEP
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100								
TOTAL IND.	11							
TOTAL DEP.								
TOTAL CLAIMS	11							